

**PART I** 

NAME(Last)

Kusunoki, Susan A.

MAILING ADDRESS (Street)

**LOBBYIST** 

## **HAWAII STATE ETHICS COMMISSION**

1001 BISHOP STREET, PACIFIC TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

(First)

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STATE OF HAWAII

**TELEPHONE** 

536-5688

FAX

## LOBBYIST REGISTRATION FORM

(Middle)

(Type or Print Clearly)

84 N. King Street		536-5720					
(City)	(State) (2	(Zip Code)					
Honolulu, HI 96817							
EMPLOYING ORGANIZATION (Fill in only if you are employed)	oyed by a business entity which has been retained to lobb						
Pacific Management Consultants, Inc.		536-5688					
MAILING ADDRESS (Street)		FAX					
84 N. King Street							
(City)	(State) (2	Zip Code)					
Honolulu, HI 96817							
PART II ORGANIZATION							
NAME OF ORGANIZATION YOU LOBBY FOR (Do n	not abbreviate)	TELEPHONE					
The Wine Institute							
MAILING ADDRESS (Street)		FAX					
425 Market Street, Suite 1000							
(City) San Francisco, CA 94105	(State)	(Zip Code)					
Garriancisco, GA 34100							
NAME OF PERSON RESPONSIBLE FOR PREPARING OF	RGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE					
Steve Gross							
MAILING ADDRESS (Street)		FAX					
425 Market Street, Suite 1000							
(City)	(State) (	Zip Code)					
San Francisco, CA 94105							
		Page 1 of 2					

DAD	T.U. DECORDED						
PAR	I III DESCRIPTION	OF SUBJECTS UPON WHICH	H YO	U EXPECT TO LOBBY			
[X]	Agriculture	[ ] Education	[ ]	Human Services	[]	Science, Technology & Economic Development	
[]	Communications & Public Utilities	[X] Government Operations & Finance	[ ]	Intergovernmental Relations, International Affairs	[]	Tourism & Recreation	
[X]	Consumer Protection & Commerce	[ ] Hawaiian Affairs	[]	Labor & Employment	[]	Transportation	
[]	Culture, Arts, Historic Preservation	[X] Health	[]	Planning, Land & Water Use Management	[ ]	Other: (indicate below)	
[X]	Ecology, Energy Environmental Protection	[ ] Housing	[]	Public Safety & Corrections			
PAR	T IV CERTIFICATIO	N OF LOBBYIST					
I hereby certify that the Information furnished above is, to the best of my knowledge, correct and complete.							
(Signature of Lobbyist) (Date)						(Date)	
PAR		N TO LOBBY					
NAME TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED							
Steve Gross							
NAME OF ORGANIZATION (if applicable)			ELEPHO	LEPHONE			
The Wine Institute					115-356-7	7518	
MAILING ADDRESS (Street)			AX	AX			
425 N	Market Street, Suite 1000			4	115-543-5	5848	
(City) (State) (Zip Cod				de)			
San Francisco, CA 94105							
I hereby authorize the above /named person to engage in lobbying activities on behalf of the undersigned.							
1/28/05							
(Signature of Authorizing Officer or Person Represented) (Date)							